



Community Development Block Grant Program

Final Application

Public Facilities Program

Note: Before Completing, make sure you have the most recent application by going to our web site at: www.commerce.state.wi.us/CD/CD-bcf-cdbg-pf.html and click on Bulletin.



**Division of Community Development
Bureau of Community Finance
201 West Washington Avenue
P.O. Box 7970
Madison, WI 53707-7970**

**608/266-8934
FAX: 608/266-8969**

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Visit our website at www.commerce.state.wi.us/CD/CD-bcf-cdbg-pf.html

PUBLIC FACILITIES FINAL APPLICATION

The following information is requested in order to complete your Public Facilities Block Grant application. This application document is intended for local governments that received a commitment or Public Facility Funds from the Department of Commerce. A final application must contain all the information requested in this packet.

You should send the completed materials to your assigned Grant Specialist at:

**Bureau of Community Finance
Department of Commerce
Division of Community Development
201 West Washington Avenue
P. O. Box 7970
Madison, Wisconsin 53707**

Applicant (Unit of Government)		Amount Requested *	Total Project Cost: *
		\$	\$
Chief Elected Official			Title
Clerk			
Official Municipal Address			Phone #
			FAX #
			E-mail
City	County	State, Zip Code	FEIN
Contact Person			Title
Address			Phone #
			FAX #
			E-mail
City	County	State, Zip Code	Joint Application? (Circle one) Yes No If yes, list other unit(s) of Government:
Original Signature of Chief Elected Official:			
Date			

FINAL APPLICATION

To be eligible for the maximum score available, applicants must provide all information requested below and satisfy any specific information or contingency request identified in the Department commitment letter.

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AUTHORIZING RESOLUTION AND COOPERATIVE AGREEMENT

(The Authorizing Resolution must be submitted with the final application)

AUTHORIZING RESOLUTION

Authorizing Submission of a CDBG-PF Application

Relating to the _____ of _____ participation in the Community
(County, City, Town, or Village) (Name)
Development Block Grant Public Facilities program.

WHEREAS, Federal monies are available under the Community Development Block Grant program, administered by the State of Wisconsin, Department of Commerce (Commerce), for the purpose of the provision or improvement of public facilities; and

WHEREAS, after public meeting and due consideration, the _____

(Name of Appropriate Committee)

has recommended that an application be submitted to the State of Wisconsin for the following project(s):

_____ and

WHEREAS, it is necessary for the _____, to
(County Board, City Council, Village Board, Town Board)

approve the preparation and filing of an application for the _____ to
receive funds from this program; and (County, City, Town, Village)

WHEREAS, the _____ has reviewed the need for
(County Board, City Council, Village Board, Town Board)

the proposed project(s) and the benefit(s) to be gained there from;

NOW, THEREFORE, BE IT RESOLVED, that the

_____ does hereby approve and authorize
(City Council, County Board, Village Board, Town Board)

the preparation and filing of an application for the above-named project(s); and that

_____ is hereby authorized to sign all necessary
(Mayor, Council Pres., Board Chair, Village Pres.)

documents on behalf of the _____; and that authority is hereby granted to the
(County, City, Town, Village)

_____ to take the necessary steps to prepare and file the
(Name of Appropriate Committee)
appropriate application for funds under this program in accordance with this resolution.

ADOPTED on this ____ day of _____, 20 _____. ATTEST: _____
(Signature of Clerk)

The governing body of _____ has authorized the above
resolution by Resolution No. _____, dated _____

(Signature of Chief Elected Official)

LEVERAGING AND DOCUMENTATION

Documentation of Commitment

Attach documentation for each source of funds. If the commitment is from the applicant, attach a resolution from the governing body that indicates the exact amount of the commitment.

COMPLIANCE REQUIREMENTS

Complete the following forms and submit them with your Final Application:

Statement of Assurances

Lobbying Certification

Potential Fair Housing Action

Depository Certification (FY # not required)

Financial Management Contact Person

Handicap Accessibility Self-Evaluation Checklist (if applicable)

STATEMENT OF ASSURANCES

I _____, County of _____
(Name of Chief Elected Official, Community) (Name of County)

certify that the _____, County of _____:
(County, City, Town, or Village) (Name of County)

1. Will minimize displacement as a result of activities associated with CDBG funds;
2. Will conduct and administer its project in conformance with Title VI, Title VIII, and Sec. 3, and affirmatively further fair housing;
3. Will develop and implement a citizen participation plan in accordance with the provisions of Sec. 104 (a) (3) of the Housing and Community Development Act of 1974 as amended;
4. Will not use assessments or fees to recover the capital costs of CDBG funded public improvements from low- and moderate-income owner occupants;
5. Has identified its housing and community development needs, including those of low- and moderate-income persons, and the activities to be undertaken to meet such needs;
6. Will comply with 24CFR 570.608 regarding notification, inspection, testing, and abatement procedures concerning lead-based paint;
7. Will comply with the other provisions of the Community Development Block Grant program;
8. Will adopt and enforce a policy prohibiting use of excessive force by law enforcement agencies within its jurisdiction against any individuals engaged in nonviolent civil rights demonstrations in accordance with Section 519 of Public Law 101-144; and
9. Will maintain documentation of compliance with the above certifications.
10. The Applicant, to be consistent with the State Hazard Mitigation Plan, ensures that any proposed facility to funded with CDBG funds is not located in a floodplain or in a place that will create a local hazard.

(Signature of Chief Elected Official)

(Date)

(Name of Local Government)

LOBBYING CERTIFICATION FOR CONTRACTS, GRANTS, LOANS & COOPERATIVE AGREEMENTS

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
2. If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. The undersigned shall require that the language of this CERTIFICATION be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This CERTIFICATION is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this CERTIFICATION is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required CERTIFICATION shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

(Signature of Chief Elected Official)

(Date)

(Name of Local Government)

POTENTIAL FAIR HOUSING ACTIONS

According to 24 CFR 570.487(b), the Grantee must take some action to affirmatively further fair housing during the contract period. ***Circle the number of at least one of the actions below.*** If your project is funded, the action indicated will be included in your contract timetable. You will be expected to implement it according to the contract timetable.

Fair housing actions may include, but are not limited to the following:

1. Enact, strengthen or advertise a local fair housing law;
2. Make area-wide zoning revisions to facilitate the dispersal of multi-family housing outside of minority-concentrated areas;
3. Initiate or fund any studies examining current housing opportunities for minority persons, handicapped persons and families with children and have these studies form the basis of an affirmative action program providing greater housing opportunities for minorities, handicapped persons and families with children;
4. Send letters from the chief executive officer or chief elected official of the local government to those in the business of selling, renting or financing housing, encouraging them to adhere fully to the fair housing law;
5. Have the local governing body or chief elected official publicly endorse the principle of fair housing and of adherence to the fair housing law in the form of a proclamation, resolution or similar publicized statement of importance;
6. Improve community facilities and public services in racially integrated neighborhoods to help preserve their mixed character;
7. Display a fair housing poster or provide fair housing information at an appropriate public place;
8. Initiate a public education program on fair housing, involving, for example, representatives of fair housing groups, human relations' bodies, minority organizations, the real estate industry and government, through the local media. This could include talks on the community's housing opportunities;
9. Fund a fair housing organization (such as a local housing authority) to conduct studies and/or to aggressively investigate rental and/or realtor practices;
10. Suggest the use of affirmative marketing and advertising practices by private developers as a condition for obtaining local licenses and permits; and
11. Enlist the participation of local associations (realtors, real estate brokers, home builders and mortgage lenders) in approved voluntary programs to promote affirmative fair housing marketing and to review mortgage credit and underwriting criteria that may have an adverse impact on minorities, women, handicapped persons and families with children.

DEPOSITORY CERTIFICATION FORM AND INSTRUCTIONS

Establish a **NonInterest-Bearing Checking Account** for your CDBG grant funds. This account must be separate from all other community accounts and any other CDBG checking accounts. **Matching funds** are also to be kept in an account separate from the CDBG funds and can earn interest. **If interest is inadvertently earned on the CDBG grant funds account, it must be returned to the Department of Commerce and made payable to:**

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Mail to: Account Specialist
Wisconsin Department of Commerce
Bureau of Community Finance
P.O. Box 7970
Madison, WI 53707-7970

TWO community officials must sign CDBG grant account checks (e.g., clerk, treasurer, deputy clerk, deputy treasurer, administrator, board/council member, trustee, or chief elected official). **Signatories cannot be a project consultant.**

CDBG funds requested will be deposited directly into your non-interest-bearing-checking account. **Your bills need to be paid directly from this account.** This allows for a clear audit trail of CDBG funds deposited to, and disbursed from, your account.

NOTE: You must use this form as your master copy for photocopying in case of any changes.

- Fill in the Depository Certification the “Commerce Contract Number” in the upper right corner of the form.
- **Section I** identifies the financial institution where grant payments will be sent, and the CDBG grant checking account number for these deposits. Make sure to fill in the **complete address of the financial institution**. On the “ATTN” line, you **must** indicate the name of the individual at the bank who will be responsible for the receipt of your CDBG checks (if applicable).
- Provide the signature, typed name, and title of the Chief Elected Official (CEO) (e.g., Mayor, City Council President, City Manager, Village President, Town or County Board Chair, or County Executive). Enter the date the form is signed by the CEO.
- Place a check mark behind “Original Form” or behind “Amended Form” if you are submitting an updated form.
- **Section II** requires the local financial institution to notify the grantee when each grant payment has been received, and identifies the insurer of the CDBG deposits. The signature in Section II is that of an official in the designated local financial institution. It is important for the bank official to know that the community must be notified by telephone the same day CDBG funds are received by the bank. If you do not receive notification 10 days after the request was mailed to Commerce, contact the bank daily to see if the check has been deposited.
- Check whether the form was faxed or mailed, as well as the date. Retain the original completed form, **and have the bank retain a copy for their records**. Fax a copy of the completed form to the Account Specialist at 608/266-8969, or mail a copy to the address listed above.
- Should the local financial institution’s name, address, or the account number change, a new form must be completed. If you have any questions contact the Account Specialist.

SAMPLE – DEPOSITORY CERTIFICATION

WI Department of Commerce

Commerce Contract#: PF FY00-000

SECTION I

Attn: Susan B. Anthony, Bank Contract

The Your Bank, 123 Your Street, Yourville, WI 55055 has been designated
(Name, Address and Zip Code of Financial Institution)
to receive all funds resulting from the CDBG contract executed between the Wisconsin Department of
Commerce and the Village of Yourville.
(City, Village, Town or County) (Community Name)

These funds will be deposited into account # 12-345-67. Checks will require the
(checking account #)
signatures of two community officials.

Jane Doe

(Signature of the Chief Elected Official)

Village President

(Title)

1/23/4567

(Date)

Jane Doe

(Typed Name of the Chief Elected Official)

Original Form X Amended Form

(Check One)

SECTION II

The account in Section I has been established with this bank. All necessary documentation to
legally enable this bank to receive direct deposits to this account without the payee's endorsement are
in this bank's custody. All deposits are insured by F.D.I.C.. The
(Insurer of CDBG Deposits)

Depository hereby agrees to immediately notify the recipient local government when a deposit is made
to the above account.

Jane Smith

(Signature of Bank Officer)

President

(Title)

12/34/5678

(Date)

Jane Smith Faxed X or Mailed on 12/34/5678
(Typed Name of Bank Officer) (Check one) (Date)

Retain the original completed form for your grant files and send a copy to the Grant Specialist at:

**Bureau of Community Finance
Wisconsin Department of Commerce
P.O. Box 7970
Madison, WI 53707-7970**

DEPOSITORY CERTIFICATION

WI Department of Commerce

Commerce Contract #: _____

SECTION I

Attn: _____

The _____ has been
(Name, Address and Zip Code of Financial Institution)
designated to receive all funds resulting from the CDBG contract executed between the Wisconsin
Department of Commerce and the _____ of
(City, Village, Town or County)
_____.
(Community Name)

These funds will be deposited into account # _____. Checks will require the
(checking account #)
signatures of two community officials.

(Signature of the Chief Elected Official)

(Title)

(Date)

(Typed Name of the Chief Elected Official)

Original Form _____ Amended Form _____
(Check One)

SECTION II

The account in Section I has been established with this bank. All necessary documentation to
legally enable this bank to receive direct deposits to this account without the payee's endorsement are
in this bank's custody. All deposits are insured by _____. The Depository
(Insurer of CDBG Deposits)
hereby agrees to immediately notify the recipient local government when a deposit is made to the
above account.

(Signature of Bank Officer)

(Title)

(Date)

(Typed Name of Bank Officer)

Faxed _____ or Mailed _____ on _____
(Check one) (Date)

Retain the original completed form for your grant files and mail a copy to your Grant Specialist at:

**Bureau of Community Finance
Wisconsin Department of Commerce
P.O. Box 7970
Madison, WI 53707-7970**

FINANCIAL MANAGEMENT CONTACT PERSON

(Please type or print clearly.)

Please provide the following information to the Commerce Account Specialist.

COMMUNITY NAME: _____

CONTRACT #: _____

FINANCIAL MANAGEMENT CONTACT PERSON: _____
(This is the person who completes the Request for Payment Form)

TITLE: _____

FIRM (if applicable): _____

STREET ADDRESS: _____

CITY: _____

STATE/ZIP CODE: _____

PHONE #: (_____) _____ - _____

FAX #: (_____) _____ - _____

E-MAIL: _____

Mail this form, along with the *Depository Certification* form to your assigned Grant Specialist at:

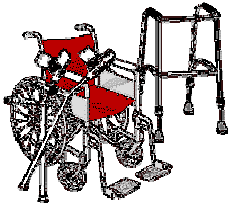
**Bureau of Community Finance
Wisconsin Department of Commerce
P.O. Box 7970
Madison, WI 53707-7970**

Handicap Accessibility Requirement

Recipients must comply with Section 504 of the Rehabilitation Act of 1973 and complete the Handicap Accessibility Self-Evaluation Checklist (Attachment 5-F). Discrimination on the basis of disability in any program, service, or activity that receives federal financial assistance is prohibited. This means that persons with disabilities may not be denied the opportunity to participate in a program, service, or activity; may not be required to accept a different kind or lesser program or service than what is provided to others; and may not be required to participate in separate programs and services, even if separate programs and services exist.

HANDICAP ACCESSIBILITY SELF-EVALUATION CHECKLIST

Section 504 of the Rehabilitation Act of 1973



Date: _____
Contract No.: _____
City/Village/Town: _____
County: _____

Project Name: _____

Project Location: _____

Chief Elected Official: _____

Project Administrator: _____

Please check either yes, no, or not applicable (N/A) to each question. If the answer is no, please explain in the corrective action/comment(s) section following each element. It is important to know exact measures/conditions of inaccessible elements and if there are any plans to correct such elements. Use additional pages as needed.

	Section 504	Yes	No	N/A	Corrective Action/ Comments
1	Has the community completed a written Section 504 self-evaluation?				
2	Did the community solicit input from persons with disabilities or organizations that represent persons with disabilities?				
3	Are reasonable accommodations made upon request by person(s) with disabilities?				

4	Are reasonable modifications made upon request by person(s) with disabilities?				
5	Does the community have written grievance procedures?				
	Accessible Route Questions	Yes	No	N/A	Corrective Action/ Comments
1	Is there at least one accessible route connects all parts of the facility?				
2	Is there a minimum of 36" clear width (path) except at doors?				
3	Is there a least a 60" x 60" passing space every 200'?				
4	Is the surface non-slip, firm and stable?				
5	Slope does not exceed 1:20 degrees?				
6	Are routes not interrupted by 1/2" degrees or more changes in level or steps?				
7	Are grates set in the direction of the route no more than 1/2" wide?				
8	Route is clear of any benches, water fountains, etc. with leading edges at or below 27" that reduce the width of route space less than 36"?				
9	At least one accessible route from transportation stops, parking, street and/or sidewalks?				
10	Curb ramps: (a) located whenever accessible route crosses a curb and where cars do not park?				
	(b) Slope does not exceed 1:12 degrees?				
	(c) At least 36" wide, excluding flared sides?				
	(d) Surface, firm, stable and non-slip?				
	(e) If no hand/guard rails, flared sides with slop of flare no more than 1:10 degrees?				
	(f) If at intersection, located within and to one side of marked crossings?				

	(g) Flush, smooth transition with street level?				
	Accessible Entrances and Interior Doors Questions	Yes	No	N/A	Corrective Action/Comments
1	At least one principle entrance is located on an accessible route?				
2	Accessible doors are standard single or double-leaf hinged doors, not revolving doors/turnstiles?				
	Accessible Entrances and Interior Doors Questions Continued	Yes	No	N/A	Corrective Action/Comments
3	If the door width when open 90 degrees, is the clear opening at least 32" measured between the face of the door and the door stop on the latch side (if double doors are used, one must comply)?				
4	Is the door hardware no higher than 48" and push/pull type or lever operated?				
5	Is the maximum opening force 8.5 lbs. on exterior hinged doors: 5 lbs. on interior hinged/sliding/folding doors?				
6	Are all thresholds no higher than 1/2" with beveled edge, and a slope no greater than 1:2?				
7	Is there a maximum of 48" between sets of open doors?				
8	If exterior sliding door: thresholds or bottom track maximum height 3/4 ": hardware exposed and usable on both sides?				
9	Sweep period of door closing is 3 seconds or more?				
	Accessible Parking Questions	Yes	No	N/A	Corrective Action/Comments
1	Are reserved space(s) located closest to accessible entrance, on accessible route?				
2	Is the space(s) at least 96" wide?				
3	Access aisle next to space at least 60" wide?				

4	Slope of space/access aisle no more than 1:50?				
5	Accessibility symbol on space: mounted at a height not obscured by a vehicle?				
6	Surface: non-slip, firm and stable?				
	Accessible Ramp Questions	Yes	No	N/A	Corrective Action/Comments
1	Slope is least possible and no more than 1:12?				
2	Cross slope (perpendicular to direction of travel): no more than 1:50?				
3	Surface: non-slip, firm and stable?				
4	Walls, railings, or curbs at least 2" high to prevent slipping off ramp?				
5	Level landing is as wide as ramp and at least 60" long at top and bottom of ramp and each turn of ramp?				
6	Ramp is at least 36" wide and rises no more than 30"?				
7	Handrails: (a) provided on both sides?				
	(b) diameter of gripping surface 1 ¼" to 1 ½"?				
	(c) if on/next to wall, wall and handrail are 1 ½" and wall surfaces smooth?				
	(d) If ramp rise is more than 6" and length is more than 72", are there handrails between 30-34" high and which extend 1' beyond top and bottom of ramp?				
	(e) ends and edges rounded smoothly?				
	(f) solidly anchored and with fittings that do not rotate?				
	(g) parallel with slope of ground surface?				
	Accessible Restroom Questions	Yes	No	N/A	Corrective Action/Comments
1	If there are restrooms, at least one is provided on an accessible route?				

2	Entrance door has at least 32" clear opening; lever handle or push/pull type hardware; identified by accessibility symbol?				
3	Unobstructed space to allow for wheelchair?				
4	Toilet stall doors at least 32" wide?				
	Accessible Restroom Questions Continued	Yes	No	N/A	Corrective Action/Comments
5	In stalls, 59" x 60" floor space for floor-mounted toilet or 56" x 60" for wall hung toilet?				
6	In stalls, front partition and at least one side partition provide toe clearance of at least 9" above the floor (if depth of the stall is greater than 60", then more toe clearance is needed)?				
7	Grab bars are 33-36" high; located on back and side of stall; 1 ¼" to 1 ½" diameter; 1 ½" from wall; support 250 lbs.?				
8	Toilet is 17"–19" high and located maximum 18" from center of toilet to closet wall?				
9	Toilet paper dispenser at least 19" above floor?				
10	Sinks: height maximum 34"; drain and hot water pipes insulated; minimum 29" clearance below apron of sink; clear floor space 30" x 48" in front of sink?				
11	Faucets: controls mounted no more than 44" above ground; hand-operated or automatic but do not require tight gripping, pinching or twisting of wrist?				
12	Where there are mirrors, at least 40" above floor?				
13	Towel dispenser and disposal unit, operable part at least 40" above floor?				

Recipients of Federal funds under the **Community Development Block Grant (CDBG)** Program must comply with Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) and its implementing regulations (28 CFR Parts 35, 36), and the Architectural Barriers Act (ABA) and

its implementing regulation (24 CFR Parts 40, 41) in connection with recipients' non-housing programs.

Available Web Site Resources:

- ♦ <http://www.access-board.gov/ufas/ufas-html/ufas.htm> (Uniform Federal Accessible Standards) for compliance with Section 504 of the Rehabilitation Act of 1973 and the Architectural Barriers Act of 1968.
- ♦ <http://www.commerce.state.wi.us/SB/SB-DivCodesListing2002.html> (Code 69 and Appendix B) for compliance with the State of Wisconsin Handicap Accessibility Guidelines.
- ♦ <http://www.usdoj.gov/crt/ada/publicat.htm> Americans with Disabilities Act of 1990 Title II and Title III.